

**LOCAL BANKRUPTCY FORM 1007-1(c)  
IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE EASTERN DISTRICT OF  
PENNSYLVANIA**

**IN RE:**

Sally Housenick  
**Debtor(s)**

**: CHAPTER**  
**:**  
**: CASE NO. 25-10671**  
**:**  
**:**  
**:**

**CERTIFICATION OF NO PAYMENT ADVICES  
pursuant to 11 U.S.C. § 521(a)(1)(B)(iv)**

I, Sally Housenick, hereby certify that within sixty (60) days before the date of filing the above-captioned bankruptcy petition, I did not receive payment advices (e.g. "pay stubs"), as contemplated by 11 U.S.C. § 521(a)(1)(B)(iv), **from any source of employment**. I further certify that I received no payment advices during that period because:

X I have been unable to work due to a disability throughout the sixty (60) days immediately preceding the date of the above-captioned petition.


       I have received no regular income other than Social Security payments throughout the sixty (60) days immediately preceding the date of the above-captioned petition.

       My sole source of regular employment income throughout the sixty (60) days immediately preceding the date of the above-captioned petition has been through self-employment from which I do not receive evidence of wages or a salary at fixed intervals. I have been unemployed throughout the sixty (60) days immediately preceding the date of the above-captioned petition.

       I did not receive payment advices due to factors other than those listed above. (Please explain)

I certify under penalty of perjury that the information provided in this certification is true and correct to the best of my knowledge and belief.

Dated:

  
Sally Housenick (Apr 2, 2025 16:03 EDT)  
Debtor